

15 June 2022

Agenda Item: 8

**REPORT OF THE CORPORATE DIRECTOR OF ADULT SOCIAL CARE AND
PUBLIC HEALTH AND CHIEF COMMISSIONING OFFICER OF NOTTINGHAM
AND NOTTINGHAMSHIRE CLINICAL COMMISSIONING GROUP**

**INTEGRATION AND INNOVATION: WORKING TOGETHER TO IMPROVE
HEALTH AND SOCIAL CARE FOR ALL**

Purpose of the Report

1. To consider the implications of the Health and Social Care Act 2022 for the Nottinghamshire Health and Wellbeing Board and the wider health system in Nottinghamshire.

Information

Statutory Context

2. On 6 July 2021, a white paper 'Integration and Innovation: working together to improve health and social care for all', proposed a new health and care bill to encourage integration and collaboration across the health and care system. The bill intended to strengthen action on reducing health inequalities, which are growing across England and exacerbated by the covid-19 pandemic.
3. Improvements in life expectancy in England have slowed more than in any other European country since 2010, and the gap in the number of years people can expect to live in good health has widened between different communities. Similar to the average for England, in Nottinghamshire the average length of life in which people enjoy good health (healthy life expectancy) is 62 years for women and 63 years for men. These averages obscures stark variations, with residents living in the least advantaged areas spending an additional 14 years in ill-health and dying 7.5 years earlier compared to those living in the most advantaged areas of the County.
4. The bill planned to address this via a set of changes to NHS rules and structures in England, to promote greater collaboration in the health system and action on reducing health inequalities. The health and care bill was ratified and received royal assent on 28 April 2022, with the new Health and Care Act 2022 coming into effect from 1 July 2022.
5. The key measures of the Health and Care Act 2022 are outlined in **Appendix 1**, with this report outlining the implications for the Nottinghamshire Health and Wellbeing Board.

Implications for the Nottinghamshire Health and Wellbeing Board

6. Health & Wellbeing Boards were established under the [Health and Social Care Act 2012](#) with the duties to:
 - a. To improve the health and wellbeing of the people of Nottinghamshire
 - b. To reduce health inequalities
 - c. To promote the integration of services and integrated working
 - d. To produce a Joint Strategic Needs Assessment (JSNA), identifying current and future health needs
 - e. To develop a health and wellbeing strategy which addresses the health needs identified in the Joint Strategic Needs Assessment.
7. The new legislation does not change the role or duties of Health and Wellbeing Board, nor does it change local authority structures or commissioning arrangements.
8. It does require the establishment of an Integrated Care Board (ICB) and Integrated Care Partnership (ICP), as part of the Integrated Care System (ICS). Integrated Care systems are partnerships of health and care organisations that plan and deliver joined up services and have 4 main duties to:
 - a. Improve outcomes in population health and healthcare
 - b. Tackle inequalities in outcomes, experience and access
 - c. Enhance productivity and value for money
 - d. Help NHS support broader social and economic development
9. Nottingham and Nottinghamshire Integrated Care System had been previously established, but will now be led by an NHS Integrated Care Board, an organisation with responsibility for NHS functions and budgets, and an Integrated Care Partnership, a statutory committee that brings together all system partners to produce a health and care strategy to meet wider health and care needs (please see **Appendix 2**).
10. The act also introduces the district of Bassetlaw to the Nottingham and Nottinghamshire ICS boundary in July 2022 (Bassetlaw had previously been served by the South Yorkshire and Bassetlaw ICS). The inclusion of Bassetlaw in the ICS boundary will develop stronger connections between Nottinghamshire County Council and the NHS in the planning of health and care services for people in Bassetlaw. Residents can be assured that they will continue to access primary and secondary care services local to their populations, and also benefit from opportunities for further integration; by delegation of functions previously undertaken by NHSE, in a way that compliments local patterns of service provision (e.g. pharmacy, optometry, dentistry, screening and immunisations).

Addition of The NHS Integrated Care Board to the Membership of the Nottinghamshire Health and Wellbeing Board

11. From 1 July 2022, there will be a statutory requirement for a representative of the NHS Integrated Care Board for Nottinghamshire to become a member of the Health and Wellbeing

Board.¹ The NHS Integrated Care Board will inherit the statutory duties previously held by the Clinical Commissioning Groups that include membership to the Health and Wellbeing Board, and the preparation and publication of the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.

12. In addition, the Health and Social Act 2022 mandates that the NHS Integrated Care Board has a duty to promote integration and reduce health inequalities and must also work and consult with the Nottinghamshire Health and Wellbeing Board in a number of key ways:
- a. **Joint Forward Plan** – It must involve the Health and Wellbeing Board in preparing or revising the plan and consult the Board on whether the draft takes proper account of the joint local health and wellbeing strategy.
 - b. **Joint Capital Resource Use Plan** - Before the start of each financial year, it must prepare a plan setting out their planned capital resource use and share a copy with the Health and Wellbeing Board.
 - c. **Annual Report** - An integrated care board must, in each financial year, prepare a report on how it has discharged its functions in the previous financial year. It must in particular review any steps that the board has taken to implement the joint local health and wellbeing strategy to which it was required to have regard. In undertaking the review, the integrated care board must consult the Health and Wellbeing Board.
 - d. **Performance Assessment of Integrated Care Board** - NHS England must conduct a performance assessment of each integrated care board in respect of each financial year, on how well the integrated care board has discharged its functions during that year. In conducting a performance assessment, NHS England must consult the Health and Wellbeing Board as to its views on any steps that the board has taken to implement the joint local health and wellbeing strategy.

Relationship of the Integrated Care Partnership with the Nottinghamshire Health and Wellbeing Board

13. The ICP will be established by Nottingham City Council, Nottinghamshire County Council and the Nottingham and Nottinghamshire NHS ICB. It will take the form of a joint committee between these three statutory bodies. It is for these organisations to determine wider membership and this may change overtime as the ICP matures and to take account of the areas of priority focus.
14. The ICP will facilitate joint action to improve and integrate health and care services, influence the wider determinants of health, and target collective action and resources at the areas which will have the greatest impact on health inequalities. The ICP will complement the work of the Health and Wellbeing Board, providing an opportunity to strengthen overall alignment of the ICS with the City and County Health and Wellbeing Boards.
15. For example the ICP will produce an integrated care strategy based on evidence from local assessments of needs and assets identified at place level, as well as the Joint Strategic Needs Assessments (JSNAs) developed by the Health and Wellbeing Boards. The ICP will play a role in bringing together the JSNAs, population health management and citizen insights, and

¹ From 1 July 2022, Membership and the statutory responsibilities of Clinical Commissioning Groups to the Health and Wellbeing Board will be replaced by the Integrated Care Board as part of the [Health and Care Act](#) and will t(amendments 183 & 184 to the Health and Social Care Act, p.186)

synthesising both the City and County Joint Health and Wellbeing Strategies into a Nottingham and Nottinghamshire integrated care strategy. The ICB will then pay due regard to this integrated care strategy in commissioning services including from Providers Collaboratives, Place Based Partnerships and Primary Care Networks in the future.

16. The expectation is for the integrated care partnership strategy to be focused on improving health and care outcomes, reducing inequalities and addressing the consequences of the pandemic for communities. The ICP will champion inclusion and transparency and will challenge all partners to demonstrate progress in reducing inequalities and improving outcomes. It should support place and neighbourhood level engagement, ensuring the system is connected to the needs of every community it includes.
17. The existing Integrated Care System Board has agreed a set of Members which includes representatives from each of the three Statutory Partners (NHS ICB, Nottinghamshire County Council, Nottingham City Council), but also Membership from each of the four Place Based Partnerships (Bassetlaw, Mid Notts, City and South Notts PBP) and Healthwatch.

Addition of Place Based Partnerships to the Membership of Nottinghamshire Health and Wellbeing Board

18. Place Based Partnerships (PBPs) will bring together statutory and voluntary organisations to serve a local population, delivering locally determined objectives and priorities linked to specific population requirements. There will be a Bassetlaw Place Based Partnership, Mid Nottinghamshire Place Based Partnership, South Nottinghamshire Place Based Partnership and a Nottingham City Place Based Partnership. Each PBP will be responsible for developing community facing integrated care, joining up community services across sectors and tailoring care for local needs.
19. The PBPs will also deliver some specific delegated ICB functions and support the local delivery of ICS and HWB priorities. PBPs will work closely with the City and County Health and Wellbeing Boards, with its own delivery plans based on the JSNAs and the Joint Health and Wellbeing Strategies, alongside the Integrated Care Partnership Strategy for the system as a whole.
20. In approving the new Joint Health and Wellbeing Strategy for 2022 – 2026, the importance of integrated and place based working was highlighted as vital for the effective delivery of the strategy. At its May 2022 meeting, the Nottinghamshire Health and Wellbeing Board agreed to include Bassetlaw, Mid Nottinghamshire and South Nottinghamshire Place Based Partnerships to its membership. This is not mandated by the new legislation, but a proposal that all viewed would benefit the delivery of the new Joint Health and Wellbeing Strategy and support greater partnership and integrated working in Nottinghamshire.

Conclusion

21. The changes outlined in the new legislation will come into effect from 1 July onwards. Work has been undertaken in the months prior to this to establish these new structures in shadow form and understand the implications for service delivery from July onwards.
22. The delivery structures for the new joint health and wellbeing strategy will take into account the changes to the local health and care system, with the Health and Wellbeing Board

continuing to play a key role in promoting integrated working, reducing health inequalities and improving health and wellbeing of residents living and working in Nottinghamshire.

Other Options Considered

23. There was an option to not update the Health and Wellbeing Board on the implications of the Health and Care Act 2022. This was discounted as the contents of the report support the Board's statutory duty to improve the health and wellbeing of residents in Nottinghamshire and reduce health inequalities.

Reason/s for Recommendation/s

24. Health & Wellbeing Boards were established under the Health and Social Care Act 2012 with a responsibility for the reduction of health inequalities and improvement of health outcomes for residents in Nottinghamshire. This aligns with the aims of the Integrated Care System and as such there will be shared priorities across strategies and structures.

Statutory and Policy Implications

25. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

26. There are no direct financial implications arising from this report.

RECOMMENDATION/S

The Health and Wellbeing Board is asked:

1) To consider whether there are any actions required by the Health & Wellbeing Board in relation to the various issues outlined in the report.

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Constitutional Comments (LW 24.05.2022)

27. The Health and Wellbeing Board is the appropriate body to consider the content of the report.

Financial Comments (DG 24.05.2022)

28. There are no direct financial implications arising from this report.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- None

Electoral Division(s) and Member(s) Affected

- All

